



State of New Hampshire 2004 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2004

ANNUAL REPORTS RECEIVED AFTER APRIL 15, 2004,

WILL BE ASSESSED A \$50.00 LATE FEE.

Filed

Date Filed: 02/23/2004

Business ID: 370154

William M. Gardner

Secretary of State

PRICE'S SUNNYCREST GARAGE, INC.

206 ASH SWAMP RD

NEWMARKET, NH 03857

ADDRESS OF PRINCIPAL OFFICE:

206 ASH SWAMP RD

NEWMARKET, NH 03857

REGISTERED AGENT AND OFFICE:

JAMES S PRICE JR

206 ASH SWAMP RD

NEWMARKET, NH 03857

ENTITY TYPE: CORPORATION

BUSINESS ID: 370154

STATE OF DOMICILE: NH

FEDERAL ID: 020524962

REPAIR & REFURBISHING OF AUTOMOBILES

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE OFFICER BELOW)

NAME James S Price
STREET High Street
CITY/STATE/ZIP Epping NH 03042

NAME _____
STREET _____
CITY/STATE/ZIP _____

NAME _____
STREET _____
CITY/STATE/ZIP _____

NAME _____
STREET _____
CITY/STATE/ZIP _____

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME James S Price
STREET High Street
CITY/STATE/ZIP Epping NH 03042

NAME Coni Sullivan
STREET Delaney Road
CITY/STATE/ZIP Epping NH 03042

NAME Christine deRochemont
STREET Hartudge Ln
CITY/STATE/ZIP E Kingston NH 03827

NAME Valdean Price
STREET High Street
CITY/STATE/ZIP Epping NH 03042

To be signed by an officer, Director, or any other person authorized by the board of directors.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Please print name and title of signer:

James S Price

President

NAME

TITLE

REPORT FEE IS: \$100.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529